

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 567158

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
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| 7 | 3 | | | 1 | | |
| 8 | 3 | | | 1 | | |
| 9 | 3 | | | 1 | | |
| 10 | 3 | | | 1 | | |
| 11 | 3 | | | 1 | | |
| 12 | 3 | | | 1 | | |
| 13 | 3 | | | 1 | | |
| 14 | 3 | | | 1 | | |
| 15 | 1 | | 1 | | | |
| 16 | 1 | | 1 | | | |
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| 21 | 1 | | 1 | | | |
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| 26 | 1 | | 1 | | | |
| 27 | 1 | | 1 | | | |
| 28 | 1 | | 1 | | | |
| 29 | 2 | | 1 | | | |
| 30 | 2 | | 1 | | | |
| 31 | 2 | | 1 | | | |
| 32 | 2 | | 1 | | | |
| 33 | 2 | | 1 | | | |
| 34 | 2 | | 1 | | | |
| 35 | 2 | | 1 | | | |
| 36 | 1 | | 1 | | | |
| 37 | 1 | | 1 | | | |
| 38 | 1 | | 1 | | | |
| 39 | 3 | | 1 | | | |
| 40 | 3 | | 1 | | | |
| 41 | 3 | | 1 | | | |
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| TOTAL IND. | 4 | ↓ | 4 | ↓ | | ↓ |
| TOTAL DEP. | 50 | ← | 41 | ← | | ← |
| TOTAL CLAIMS | 54 | | 45 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | | ← | | ← | ← |
| TOTAL CLAIMS | | | | | | |

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